BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrary No. 600 1. PLACE OF DEATH (a. COUNTY (a.c.) 577 D. CITY (if onfolds components limite, frite RURAL and either to command the control of the components limited by the production of the components limited by the components	I ALEO MA	IR 6 1950	THE DIVISION OF H		NTLI	4807
1. PLACE OF DEATH 2. COUNTY (It obtained because lived. It lagritudes: resistance because lived. It lagritudes: resistance because in the control of the country of the RURAL and after the some of the country of the RURAL and after the some of the country of the RURAL and after the some of the RURAL and after the RURAL and after the some of the RURAL and after the RURA			149			6ก9
D. CITY (II outside opponents limits, while RURAL and after to commission of the control of the	1. PLACE OF DEA			2. USUAL RESID	ENCE (Where deceased lived. If	admission substantia
G. FULL NAME OF the type is boughts for ballutation, tire street, address or confused (ASPECTAL OF MASTITUTION MASTITUTION) INSTITUTION JAMES OF CITY TUBERCOLOSIS ALOSA,	D. CITY (If optizing ex		township) STAY (in this pla	F C. CITY (If outside cof	porate limits, write RURAL and give to	. '
3 NAME OF DECEASOD (Type or Print) DECEASOD (Type or Print) DECEASOD (Type or Print) S. SEX DECOLOGIO OR RACE 7. MARRIED. NEVER MARRIED. NE	I HOSPITALOR.	<i>1</i> / / /	nstitution, give street address or location	d. STREET		- 32%
S. SEX POCOUGH OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE to years 5 most in take 8 most in take 10 most in t	3. NAME OF DECEASED	(First)	b. (Middle)			(Day) (Year)
10a. ISUAL OCCUPATION (Checkbad of rook broad of words) EX PTC 35 RD A 3 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			WIDOWED, DIVIDROLD (Specify	8. DATE OF BIRTH	9. AGE (In years if the last birthday) Monti	
13a FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14c. AMME OF HUSBANDOR WIFE 120 MOTHER'S MAIDEN NAME 15c. MOTHER'S MOTHER'S MAIDEN NAME 15c. MOTHER'S MAIDEN NAME 15c. MOTHER'S MOTHER'S MAIDEN NAME 15c. MOTHER'S MAIDEN NAME 15c. MOTHER'S	done during most of world:	ng life, even if retired)	10b. KIND OF BUSINESS OR IN	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHA
ANDRESS AND DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. D 18. CAUSE OF DEATH Enter only one equivalence of lims for (a), (b), and (c) 18. CAUSE OF DEATH Enter only one equivalence of lims for (a), (b), and (c) 19. This does not mean the mode of dying, such as heart fallence as in the mode of dying, such as heart fallence as in the mode of dying, such as heart fallence as in the mode of dying, such as heart fallence as in the mode of dying, such as heart fallence as the deceased from fallence as the mode of dying, such as heart fallence as the deceased from fallence as the deceased fallence or fallence as the deceased fallence or fallence as the deceased fallence as the deceased fallence or fallence as the deceased fallence as the deceased fallence or fallence as the deceased fallence as the deceased fallence as the deceased fallence as the d		() ()	13b. MOTHER'S MAIDI		14. NAME OF HUSBAND OR W	IFE \$220 F
18. CAUSE OF DEATH Enter only one owns per line for (a), (b), and (c) *This does not mean the mode of dying, such the mode of dying, such the mode of dying, such the water fighture, attenda, cic. It means the du- cuse, injury, or complica- tion which coused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE SUI	(Nes, no, or unknown) (If	yes, give war or dates		0.16.21 . 76.9	S SIGNATURE OR NAME	ADDRESS
*This does not mean the mode of dying, such as heart failure, asthenia, ite. It means the dis- case, injury, or complica- tion which crused death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUCIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg. eegs) While AT WORK 21c. (CITY, TOWN, OR TOWNSHIP) 21d. Month) (Day) (Posse) (Pos	18. CAUSE OF DEATH Enter only one cause per	1. DISEASE OR C	MEDICAL CONDITION Z	CERTIFICATION		INTERVAL BETWEE ONSET AND DEATH
as heart fallure, asthenia, the tin deade cause last. 12. It means the discussed death. 13. OTHER SIGNIFICANT CONDITIONS 14. OTHER SIGNIFICANT CONDITIONS 15. OTHER SIGNIFICANT CONDITIONS 15. OTHER SIGNIFICANT CONDITIONS 16. OTHER SIGNIFICANT CONDITIONS 17. OTHER SIGNIFICANT CONDITIONS 18. OTHER SIGNIFICANT CONDITIONS 19. MAJOR FINDINGS OF OPERATION 10. COUNTY) 10. COUNTY) 10. COUNTY) 10. COUNTY) 10. COUNTY) 10. MAJOR FINDINGS OF OPERATION 10. COUNTY) 10. COUNTY) 10. COUNTY) 10. COUNTY) 11. OTHER SIGNIFICANT CONDITIONS 12. MATOR MAJOR FINDINGS 12. MAJOR FINDINGS 12. MATOR MAJOR FINDINGS 12. MAJOR FINDINGS 12. MATOR MAJOR FINDING	*This does not mean	ANTECEDENT C	AUSES			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE Country 21b. PLACE OF INJURY (s.g., in or about SUICIDE HOMICIDE Country 21c. Injury occurred, office bidg., sec.) 10b. MAJOR FINDINGS OF OPERATION 21c. Injury occurred 21f. How DID Injury occu	as heart failure, asthenia, etc. It means the dis-	i fise to the above o	was last.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT (Bpedity) 21b. PLACE OF INJURY (a.e., in or about Suicide Homologie 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22f. How DI		Conditions contri	FICANT CONDITIONS buting to the death but not		^ -	7
SURCIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from feb 1930, to feb 1950, that I last saw the deceased live on feb 1930, and that death occurred at feb 23b. ADDRESS 23c. DATE SIGN 23a. SIGNATURE G. K. Pand S (Dagree of title) 23b. ADDRESS 23c. DATE SIGN 24a. BURIAL, CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LQLATION (Oity, town, or county) 15tate 15				•••	00	
22. I hereby certify that I attended the deceased from Feb B 1950, to Teb. 8 , 1950, that I last saw the deceased alive on Feb B 1950, and that death occurred at Teb. 8 , 1950, and the date stated above. 23a. SIGNATURE G. K. Dand's (Decree of title) 23b. ADDRESS 23c. DATE SIGN Feb B 100, REMOVAL (Registry) 2-1, 0-50 Mt Moriah 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) 15tates 150, Responsibly 2-1, 0-50 Mt Moriah 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) 15tates 25. Funeral Director's Signature ADDRESS	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)			TOWNSHIP) (COUNTY)	. (STATE)
alive on Teb. 8, 1950, and that death occurred at T=A m., from the causes and on the date stated above. 23a. SIGNATURE G. K. Dands (Degree of title) 23b. ADDRESS 23c. DATE SIGN Teb 8, 1950. 24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 100. Comment of the date stated above. 25. Funeral Director's SIGNATURE ADDRESS	21d. TIME (Month) OF INJURY	(Day) (Year)	WHILEAT TO NOT WHILE	21f. HOW DID INJURY	COCCURT	•
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24s. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION REMOVAL (Basely) 2-, 0-50 mt morial : Ranges Costy mo DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE 25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS		/G. K./	and s (Degree of title		1	23c. DATE SIGNE 1 1 26 8, 19.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	TION_REMOVAL (8ppdil)	- 24b. DATE	24c. NAME OF CEMET	orial	: Kansas Cet	, mo
10-7-50 y lealling 100 meas 1111 ragner, named frey 110		REGISTRAR'S	SIGNATURE Holme	25. FUNERAL DIRECT	4/	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side o	f this	certificate v	was embalme	ed by me	e, or by
	·······,	Student	Embalaer (Se	
working under my personal supervision.	~ 1	× '	10 a	/	0

Signed alvin R. Haunsch

Student Embalmer
Student Embalmer

Negat The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN MANDWRITING. (Failure to compet the above constitutes grounds for revocation of license.)

H this body is not embalmed, fact should be so stated above.